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CONFIRMATION NO. 9323

<b>SERIAL NUMBER</b> 10/743,373	<b>FILING OR 371(c) DATE</b> 12/22/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> P-11209.04
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/440,005 01/14/2003 and claims benefit of 60/515,619 10/30/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none *gt 22 Dec 06*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/01/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MN	SHEETS DRAWING 24	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 73
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## ADDRESS

27581

## TITLE

Disposable, integrated, extracorporeal blood circuit

<b>FILING FEE RECEIVED</b> 1514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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